UNITED STATES BANKRUPTCY	COURT
SOUTHERN DISTRICT OF NEW	YORK

In re

Chapter11

Case No. 05-44481 (RDD) DPH HOLDINGS CORP. et al.,

Reorganized Debtors

Objection to the Thirty-Eighth Omnibus, Equity interests

("Response")

A. Title of the claim, Equity Interests

B. Name of the claimant, Lance W. Weber

C. Statement setting forth the reason the claim should not be disallowed expunged, reduced, or reclassified:

Identified on Exhibit A which are Equity Interests that the Reorganized Debtors have identified as representing solely a proof of interest in the Debtors. Which therefore makeup moneys that people have invested/loaned to the Debtors to fully supported operations. Thus, believing in the Debtor's product and their business practice. Investors provided funds to Delphi (DPH) to support the auto industry and help support the company which I believed in. Then the company filed chapter 11 and now want to forget about the people that supported/believed in their company. Delphi (DPH) should pay back the money that was loaned/invested in them as part of their reorganization plan.

D. Proof of the claimant:

My information has previously been provided and my claim number is 18603. I have provided a copy of my claim submission form as proof of claim.

• E. To the extent that the claim is contingent or fully or partially unliquidated:

The entire amount of \$14030.00 is liquid.

F. The address the debtors must return any reply to the response, if different from the address(es) presented in the claim:

The current address on file is correct.

NOTICE OF OBJECTION TO CLAIM

Date Filed	Claim Number	Asserted Claim Amount	Basis For Objection	Treatment Of Claim	Surviving claim Number (if any)
7/14/2009	18603	\$14,030.00	Equity Interests	Disallow And Expunge	

DATE: November 23, 2009

Claimant

Lance W. Weber

FORM B10 (Official Form 10) (04/05)

United States Bankruptcy Court Southern	DISTRICT OF New York	PROOF OF CLAIM			
Name of Debtor DELPHI Col PORATION, et al. NOTE: This form should not be used to make a claim for an administration.	Case Number 05-44481 (RDD)				
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Lance W. Weber Name and address where notices should be sent: 41 Passaic Ave North Haledon NJ 07508 Telephone number: 973-427-1406	 □ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. □ Check box if you have never received any notices from the bankruptcy court in this case. □ Check box if the address differs from the address on the envelope sent to you by the court. 	This Space is for Court Use Only			
Account or other number by which creditor identifies debtor:	Check here replaces if this claim a previously amends	filed claim, dated:			
1. Basis for Claim	dinends	_			
Goods Sold / Services Performed Customer Claim Taxes Money Loaned Personal Injury Other Toucstoned	Retiree benefits as defined in 11 U. Wages, salaries, and compensation Last four digits of SS #: Unpaid compensation for services from to	(fill out below)			
2. Date debt was incurred: October 11, 2005	3. If court judgment, date obtained	:			
4. Total Amount of Claim at Time Case Filed: \$		14030,60			
(unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of setoff).	7. Unsecured Priority Claim. Check this box if you have an unse	cured priority claim			
Brief Description of Collateral: Real Estate	days before filing of the bankru debtor's business, whichever is a Contributions to an employee b	penefit plan - 11 U.S.C. § 507(a)(4).			
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	§ 507(a)(6).				
6. Unsecured Nonpriority Claim s 19030,00	ort owed to a spouse, former spouse, b. ernmental units-11 U.S.C. § 507(a)(8).				
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	*Amounts are subject to adjustment on 4.	after the date of adjustment. \$10,000 and			
8. Credits: The amount of all payments on this claim has been credited this proof of claim.	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):					
Janes W. Wille Lance	e W. Weber	·			